

# **FHWA DISCRIMINATION COMPLAINT FORM**

## **MAINE DEPARTMENT OF TRANSPORTATION Title VI/Environmental Justice and Related Statutes**

1. Name:
2. Address:
3. Telephone Number:
4. Name of person charged with discrimination (respondent):
5. Date of alleged discriminatory act:
6. Type of discrimination:
7. Please write a summary of the facts supporting your complaint (use additional pages as necessary):
8. Names of witnesses to the alleged discriminatory act:
9. What do you want as a remedy for the alleged discrimination?

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# FTA DISCRIMINATION COMPLAINT FORM

## Rider Complaint Form

### Federal Transit Administration Office of Civil Rights Complaint Form

#### *Section I*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

**The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly implement Title VI of the Civil Rights Act and Title II of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973. In the FTA complaint investigation process, we analyze the complainant's allegations for possible ADA/Title VI deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S.**

**Department of Justice for enforcement.**

***Section II***

Are you filing this complaint on your own behalf?

Yes \_\_\_\_ No \_\_\_\_

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining: \_\_\_\_\_

Please explain why you have filed for a third party.

\_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes \_\_\_\_ No \_\_\_\_

***Section III***

Have you previously filed an ADA/Title VI complaint with FTA? Yes\_\_\_\_ No\_\_\_\_

If yes, what was your FTA Complaint Number? \_\_\_\_\_

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider \_\_\_\_ Department of Transportation \_\_\_\_

Department of Justice\_\_\_\_ Equal Employment Opportunity Commission \_\_\_\_

Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes\_\_\_\_ No\_\_\_\_

If yes, please provide a copy of the complaint form.

**[Note: This above information is helpful for administrative tracking purposes.**

**However, if litigation is pending regarding the same issues, we defer to the decision of the court.]**

*Section IV*

Name of public transit provider complaint is against:

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Contact person: \_\_\_\_\_ Title:

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Telephone number:

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**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.**

*Section V*

May we release a copy of your complaint to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

May we release your identity to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

[Note - We cannot accept your complaint without a signature.]

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**Please mail your completed form to: Director, FTA Office of Civil Rights,  
400 7th Street, S.W., Room 9102, Washington, D.C. 20590**

**You may also contact us by phone at our toll free FTA ADA Assistance  
Line,**

1-888-446-4511 (VOICE) OR THROUGH THE FEDERAL  
INFORMATION RELAY SERVICE,  
1-800-877-8339. WE CAN ALSO BE REACHED BY  
ELECTRONIC MAIL AT:  
[ADA.ASSISTANCE@FTA.DOT.GOV](mailto:ADA.ASSISTANCE@FTA.DOT.GOV). THE FTA WEB PAGE  
CAN BE FOUND  
AT [HTTP://WWW.FTA.DOT.GOV].